

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

00 - 0023

2. STATE:

Iowa

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

September 1, 2000

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 440, Subpart B

7. FEDERAL BUDGET IMPACT:

a. FFY 00 \$ 5

b. FFY 01 \$ 115

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

~~Attachment 3.1 A, page 25b~~

ATT 3.1A, pages 14h, 14i, 14j

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):~~Attachment 3.1 A, page 25b (MS 96-5)~~

10. SUBJECT OF AMENDMENT:

Addition of counseling, nursing and vision as covered services for area education agencies.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Jessie K. Rasmussen

14. TITLE:

Director

15. DATE SUBMITTED:

September 27, 2000

16. RETURN TO:

Director

Department of Human Services

Hoover State Office Building, 5th Floor

Des Moines, IA 50319-0114

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

10/02/00

18. DATE APPROVED:

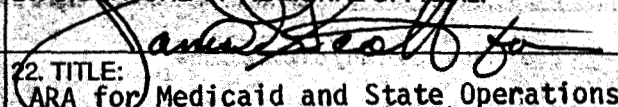
MAY 09 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

SEP 01 2000

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid and State Operations

23. REMARKS:

The enclosed is the state plan material and must be submitted to the Regional Office for review and approval.

cc:
Rasmussen
Headlee

SPA CONTROL

Date Submitted 09/27/00

Date Received 10/02/00

LIMITATIONS ON SERVICE

4.b. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT SERVICES (EPSDT) (Cont.)

Area Education Agencies

Payment will be made to area education agencies (AEAs) for screenings, assessments, direct service to an individual, and direct service to an individual in a group under IDEA for the following licensed practitioners:

- ◆ **Physical therapy** provided by a licensed physical therapist or a licensed physical therapist assistant, as delegated and supervised by the licensed physical therapist. Covered services include screenings, assessments, direct service to an individual, and direct service to an individual in a group.

Direct services include activities designed to improve the individual with a disability's ability in the areas of development, neuromuscular and musculoskeletal functioning, and functioning motor skills in positioning, mobility, self-care, manipulation, consultation, or other areas that affect a child's identified medical problem.

- ◆ **Occupational therapy** provided by a licensed occupational therapist or an occupational therapy assistant as delegated and supervised by the licensed occupational therapist. Covered services include: screenings, assessments, direct service to an individual, and direct service to an individual in a group.

Direct services include activities designed to improve the individual with a disability's ability in the areas of development, neuromuscular and musculoskeletal functioning, and functioning motor skills in mobility, activities of daily living, manipulation, consultation, or other areas that affect a child's identified medical problem.

- ◆ **Speech-language therapy** provided by a licensed or certified speech-language pathologist or a paraprofessional as delegated and supervised by the licensed speech-language pathologist.

Covered services include: screenings, assessments, direct service to an individual, and direct service to an individual in a group. Direct services include activities designed to address delay or disorder in articulation, language, fluency, voice, consultation, oral motor, or feeding.

State Plan TN # MS-00-23

Superseded TN # MS-None

Effective

Approved

SEP 01 2000

MAY 09 2001

LIMITATIONS ON SERVICE

4.b. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT SERVICES (EPSDT) (Cont.)

Area Education Agencies (Cont.)

- ◆ *Audiology services* provided by a licensed or certified school audiologist or by an audiometrist as supervised by a licensed or certified school audiologist. Covered services include: screenings, assessments, direct service to an individual, and direct service to an individual in a group.

Direct services include activities designed to address identification of hearing loss, auditory training, language habilitation, speechreading, speech conservation, determination of the need for and proper use and care of amplification devices, monitoring the function of amplification devices, consultation, and counseling for hearing losses and disorder.

- ◆ *Psychology services* provided by a licensed or certified school psychologist. Covered services include: screenings, assessments, direct service to an individual, and direct service to an individual in a group.

Direct services include planning and managing a program of psychological services including the provision of counseling for children and parents and consulting on management of severe behavioral and emotional concerns.

Services involving parents and family members are not covered unless the services provided are directed exclusively to the treatment of the recipient. Services are limited to face-to-face sessions at which the recipient is present.

- ◆ *Counseling services* provided by a licensed social worker. Covered services include: screenings, assessments, direct service to an individual, and direct service to an individual in a group.

Direct services include planning and managing a program of counseling services including the provision of counseling for children and parents and consulting on management of severe behavioral and emotional concerns.

Services involving parents and family members are not covered unless the services provided are directed exclusively to the treatment of the recipient. Services are limited to face-to-face sessions at which the recipient is present.

State Plan TN #	<u>MS-00-23</u>	Effective	<u> </u>
Superseded TN #	<u>MS-None</u>	Approved	<u> </u>

LIMITATIONS ON SERVICE

4.b. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT SERVICES (EPSDT) (Cont.)

Area Education Agencies (Cont.)

- ◆ *Nursing services* provided by a licensed nurse. Covered services include: screenings, assessments, direct service to an individual, and direct service to an individual in a group.

Direct services include health assessment and evaluation, diagnosis and planning, administering and monitoring medical treatments and procedures, consultation, health counseling and instruction, emergency intervention, and other activities within the purview of the Nurse Practice Act. This includes medically necessary procedures such as catheterization, suctioning, and administration and monitoring of medication

- ◆ *Vision services* provided by licensed nurse, certified orientation and mobility specialist, or a licensed teacher of the visually impaired. Covered services include: screenings, assessments, direct service to an individual, and direct service to an individual in a group.

Direct services include provision of activities such as aural training, including Braille, training and information on independence, maximizing the child's visual abilities and movement, modeling adaptive techniques, evaluating the effectiveness of assistive devices, communication skills, orientation and mobility, and counseling for vision losses and disorders.

These services shall be provided by personnel who meet standards as set forth in Department of Education rules, to the extent that their certification or license allows them to provide the services. Services shall be provided directly by the AEA or through contractual arrangement with the AEA.

Substitute per letter dated 03/23/01 ^{re}

IOWA

Attachment 3.1-A

Page 25b

LIMITATIONS ON SERVICE

Reserved for future use.

State Plan TN # MS-00-23

Superseded TN # MS-96-5

Effective

Approved

SEP 01 2000

MAY 09 2001